Landscape of Plan
Options in
Washington
2007



Medicare Advantage Cost Plans and Demonstrations

1-800-MEDICARE TTY 1-877-486-2048 www.medicare.gov



	pes not offer Part D drug coverage.			Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Tuno of	Drug
			Tune of Medicare		,			Type of	3
n	Owner lasting Name	Dien Meure	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Adams	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Rural) (H5826-007)	Local HMO *	\$0.00					
Adams	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Adams	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Adams	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					1
Adams	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					1
Adams	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Adams	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Asotin	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Asotin	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Asotin	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Asotin	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Asotin	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Asotin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Asotin	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	*	7.55			
Benton	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					1
Benton	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Rural) (H5826-007)	Local HMO *	\$0.00					
Benton	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Benton	Health Net	Health Net Pearl Option 2 (H5996-003)	PFFS *	\$25.00					<u> </u>
Benton	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	\$79.00					1
Benton	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Benton	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Benton	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Benton	Spokane Community Care	Columbia Community Care - Plus (H5416-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Benton	Spokane Community Care	Columbia Community Care - Premier (H5416-005)	Local HMO	\$41.00	\$36.60	\$0	Enhanced	Generics	•
Benton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Benton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Benton	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	*	7.55			
Chelan	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					1
Chelan	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Rural) (H5826-007)	Local HMO *	\$0.00					
Chelan	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
211	Liver and the control of the control		DEEO	# 50.00	# 40.00	# 005	D		
Chelan	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		+
Chelan	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		•
Chelan	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		•
Chelan	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					↓
Chelan	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10			ļ	ļ	
Chelan	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					<u> </u>
Chelan	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					<u> </u>
Chelan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Chelan	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Clallam	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Clallam	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Clallam	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	\$79.00					
Clallam	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic	1	1
Clallam	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		•
Clallam	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		•
Clallam	Regence BlueShield	MedAdvantage (H5009-001)	Local PPO *	\$99.00	\$ 00	40		1	
Clallam	Regence BlueShield	MedAdvantage (15009-001) MedAdvantage + Rx (H5009-002)	Local PPO	\$127.00	\$27.80	\$265	Basic	1	
Clallam	Regence BlueShield	MedAdvantage + Rx Enhanced (H5009-004)	Local PPO	\$137.00	\$38.00	\$203	Enhanced	Generics	

	es not offer Part D drug coverage.								011
				Monthly					Offers
				Consolidated					Variable
			T (11 !!	Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Clallam	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Clallam	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
Clallam	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Clallam	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Clallam	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Clallam	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Clallam	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Clallam	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Clallam	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Clallam	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Clallam	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Clallam	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Clallam	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Clallam	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Clallam	WellCare	Summit (H4577-008)	PFFS	\$161.00	\$31.30	\$0	Enhanced		•
Clark	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Clark	Advantra® Freedom	Freedom 5 (H5227-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Clark	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00	ψοισσ	Ψ.	21111011000		
Clark	Health Net Medicare Advantage	Health Net Violet Option 2 (H5520-005)	Local PPO	\$18.00	\$16.00	\$0	Basic		
Clark	Health Net Medicare Advantage	Health Net Aqua (H5520-001)	Local PPO *	\$53.00	Ψ10.00	Ψΰ	Buoio		<u> </u>
Clark	Health Net Medicare Advantage	Health Net Violet Option 1 (H5520-002)	Local PPO	\$67.00	\$21.40	\$0	Enhanced		•
Clark	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
Clark	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		
Clark	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		•
Clark	Kaiser Foundation Health Plan of the NW	Senior Advantage (H9003-001)	Local HMO	\$108.00	\$10.00	\$0	Basic		
Clark	Kaiser Foundation Health Plan of the NW	Senior Advantage (H9003-001)	Demo	\$289.00	\$91.00	\$0	Enhanced	Generics and	•
Clark	Raiser Foundation Realth Plan of the NVV	Senior Advantage ii (H9103-001)	Demo	\$209.00	φ91.00	Φυ	Ennanceu	Brands	•
Clark	Providence Health Plan	Providence Medicare Choice (H9047-035)	Local HMO *	\$25.00					
Clark	Providence Health Plan	Providence Medicare Choice + RX (H9047-024)	Local HMO	\$42.40	\$17.40	\$0	Basic		•
Clark	Providence Health Plan	Providence Medicare Extra Plan 1 (H9047-033)	Local HMO *	\$85.00					
Clark	Providence Health Plan	Providence Medicare Extra Plan 1 + RX (H9047-001)	Local HMO	\$102.40	\$17.40	\$0	Basic		•
Clark	Regence BlueCross BlueShield of Oregon	MedAdvantage (H3817-001)	Local PPO *	\$45.00	******	**			
Clark	Regence BlueCross BlueShield of Oregon	MedAdvantage + Rx (H3817-002)	Local PPO	\$72.50	\$27.40	\$265	Basic		•
Clark	Regence BlueCross BlueShield Of Oregon	First Choice Sixty-Five (H3856-010)	Local HMO *	\$80.00	Ψ27110	\$255	240.0		
Clark	Regence BlueCross BlueShield of Oregon	MedAdvantage + Rx Enhanced (H3817-003)	Local PPO	\$81.50	\$36.40	\$0	Enhanced	Generics	•
Clark	Regence BlueCross BlueShield Of Oregon	First Choice Sixty-Five + Rx (H3856-016)	Local HMO	\$109.50	\$29.50	\$265	Basic	Continuo	•
Clark	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H5005-023)	Local HMO *	\$0.00	Ψ23.30	Ψ200	Dasio		<u> </u>
Clark	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 3 (H5005-022)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Clark	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 1 (H5005-022)	Local HMO	\$79.00	\$4.60	\$0	Enhanced		•
	Secure Horizons Medicare Advantage Flam		PFFS	\$0.00	\$0.00	\$0			
Clark	Securenonzons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Clark	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Clark	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Clark	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Clark	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
Clark	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10		İ			
Clark	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20		İ			
Clark	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00			Ì		1
Clark	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Clark	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	Ψ=0σ	Ψ.σσ			<u> </u>
Clark	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
♥ 10111				\$11.00	\$11.00	\$0	Enhanced	1	1
Clark	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	811 00	811 00				•

				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Clark	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Clark	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generies	•
Clark	WellCare	Duet (H4577-003)	PFFS *	\$0.00	ψ0.00	ΨΟ	Lillancea		
Clark	WellCare	Summit (H4577-005)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Columbia	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
Columbia		Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$205	Enhanced		
	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0			
Columbia	Humana Insurance Company		PFFS *	\$82.00	\$22.30	\$0	Enhanced		-
Columbia	Sierra Optima	Sierra Optima Choice (H4449-008)							
Columbia	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Columbia	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00	# 00 7 0	# 400			
Columbia	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Columbia	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Cowlitz	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Cowlitz	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Rural) (H5826-007)	Local HMO *	\$0.00					
Cowlitz	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Cowlitz	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
Cowlitz	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		•
Cowlitz	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		
Cowlitz	Kaiser Foundation Health Plan of the NW	Senior Advantage (H9003-001)	Local HMO	\$108.00	\$10.00	\$0	Basic		•
Cowlitz	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H5005-018)	Local HMO *	\$20.00	ψ.σ.σσ	Q 0	240.0		
Cowlitz	Secure Horizons Medicare Advantage Plan	MedicareComplete (H5005-013)	Local HMO	\$30.00	\$0.00	\$0	Enhanced		•
Cowlitz	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40	ψ0.00	ΨΟ	Liliancea		
Cowlitz	Sierra Optima	Sierra Optima (H4449-008)	PFFS *	\$88.10					
Cowlitz	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Cowlitz	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Cowlitz	Sterling Life Insurance Company Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS	\$28.70	\$28.70	\$100	Enhanced		
Cowlitz	UniCare Unicare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	\$20.70	\$100	Ellianced		<u> </u>
	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Cowlitz			PFFS		\$11.00	\$0	Fahanaad		
Cowlitz	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)		\$11.00	\$11.00	\$0	Enhanced		•
Cowlitz	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00				0 '	<u> </u>
Cowlitz	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Cowlitz	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Cowlitz	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
Cowlitz	WellCare	Summit (H4577-009)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
Douglas	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Douglas	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Rural) (H5826-007)	Local HMO *	\$0.00					
Douglas	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic	İ	
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced	İ	
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced	1	•
Douglas	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40	\$ 00	¥0			
Douglas	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10		t			1
Douglas	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Douglas	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					<u> </u>
Douglas	Sterling Life Insurance Company Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced	 	
Douglas Douglas	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	Ψ20.70	ψ100	Linanced	 	 -
	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Rural) (H5826-007)	Local HMO *	\$0.00		 		 	1
Ferry	,	, , , , , ,	LOCAL FINO	·					
Ferry	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•

County Ferry Ferry Ferry Ferry Ferry Ferry Ferry Ferry Ferry Franklin Franklin Franklin	Organization Name Humana Insurance Company Humana Insurance Company Humana Insurance Company Sierra Optima Sierra Optima Sterling Life Insurance Company Sterling Life Insurance Company UniCare Advantra® Freedom Community HealthFirst Medicare Advantage Plan	Plan Name Humana Gold Choice PFFS H1804-271 (H1804-271) Humana Gold Choice PFFS H1804-269 (H1804-269) Humana Gold Choice PFFS H1804-270 (H1804-270) Sierra Optima Choice (H4449-008) Sierra Optima (H4449-007) Sterling Option I (H5006-011) Sterling Option II (H5006-010) Save Well - Plan III (H7289-003) Freedom 3 (H0846-006) Community HealthFirst MA (Rural) (H5826-007)	Type of Medicare Health Plan PFFS PFFS PFFS PFFS * PFFS * PFFS * PFFS * PFFS MSA *	Monthly Consolidated Premium (Includes Part C + D) \$52.00 \$62.00 \$82.00 \$88.10 \$218.20 \$9.00	Monthly Drug Premium \$12.60 \$22.30 \$22.30	Annual Drug Deductible \$265 \$0 \$0	Drug Benefit Type Basic Enhanced Enhanced	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co- payments
Ferry Ferry Ferry Ferry Ferry Ferry Ferry Ferry Franklin Franklin	Humana Insurance Company Humana Insurance Company Humana Insurance Company Sierra Optima Sierra Optima Sterling Life Insurance Company Sterling Life Insurance Company UniCare Advantra® Freedom Community HealthFirst Medicare Advantage Plan	Humana Gold Choice PFFS H1804-271 (H1804-271) Humana Gold Choice PFFS H1804-269 (H1804-269) Humana Gold Choice PFFS H1804-270 (H1804-270) Sierra Optima Choice (H4449-008) Sierra Optima (H4449-007) Sterling Option I (H5006-011) Sterling Option II (H5006-010) Save Well - Plan III (H7289-003) Freedom 3 (H0846-006)	Health Plan PFFS PFFS PFFS * PFFS * PFFS * PFFS * PFFS *	Premium (Includes Part C + D) \$52.00 \$62.00 \$82.00 \$88.10 \$218.20 \$9.00	Drug Premium \$12.60 \$22.30	Drug Deductible \$265 \$0	Benefit Type Basic Enhanced	Extra Coverage	Drug Co- payments
Ferry Ferry Ferry Ferry Ferry Ferry Ferry Ferry Ferry Franklin Franklin	Humana Insurance Company Humana Insurance Company Humana Insurance Company Sierra Optima Sierra Optima Sterling Life Insurance Company Sterling Life Insurance Company UniCare Advantra® Freedom Community HealthFirst Medicare Advantage Plan	Humana Gold Choice PFFS H1804-271 (H1804-271) Humana Gold Choice PFFS H1804-269 (H1804-269) Humana Gold Choice PFFS H1804-270 (H1804-270) Sierra Optima Choice (H4449-008) Sierra Optima (H4449-007) Sterling Option I (H5006-011) Sterling Option II (H5006-010) Save Well - Plan III (H7289-003) Freedom 3 (H0846-006)	Health Plan PFFS PFFS PFFS * PFFS * PFFS * PFFS * PFFS *	(Includes Part C + D) \$52.00 \$62.00 \$82.00 \$88.10 \$218.20 \$9.00	Drug Premium \$12.60 \$22.30	Drug Deductible \$265 \$0	Benefit Type Basic Enhanced	Extra Coverage	Co- payments
Ferry Ferry Ferry Ferry Ferry Ferry Ferry Ferry Ferry Franklin Franklin	Humana Insurance Company Humana Insurance Company Humana Insurance Company Sierra Optima Sierra Optima Sterling Life Insurance Company Sterling Life Insurance Company UniCare Advantra® Freedom Community HealthFirst Medicare Advantage Plan	Humana Gold Choice PFFS H1804-271 (H1804-271) Humana Gold Choice PFFS H1804-269 (H1804-269) Humana Gold Choice PFFS H1804-270 (H1804-270) Sierra Optima Choice (H4449-008) Sierra Optima (H4449-007) Sterling Option I (H5006-011) Sterling Option II (H5006-010) Save Well - Plan III (H7289-003) Freedom 3 (H0846-006)	Health Plan PFFS PFFS PFFS * PFFS * PFFS * PFFS * PFFS *	Part C + D) \$52.00 \$62.00 \$82.00 \$88.10 \$218.20 \$9.00	\$12.60 \$22.30	Deductible \$265 \$0	Type Basic Enhanced	3	payments
Ferry Ferry Ferry Ferry Ferry Ferry Ferry Ferry Franklin Franklin	Humana Insurance Company Humana Insurance Company Humana Insurance Company Sierra Optima Sierra Optima Sterling Life Insurance Company Sterling Life Insurance Company UniCare Advantra® Freedom Community HealthFirst Medicare Advantage Plan	Humana Gold Choice PFFS H1804-271 (H1804-271) Humana Gold Choice PFFS H1804-269 (H1804-269) Humana Gold Choice PFFS H1804-270 (H1804-270) Sierra Optima Choice (H4449-008) Sierra Optima (H4449-007) Sterling Option I (H5006-011) Sterling Option II (H5006-010) Save Well - Plan III (H7289-003) Freedom 3 (H0846-006)	PFFS PFFS PFFS * PFFS * PFFS * PFFS *	\$52.00 \$62.00 \$82.00 \$88.10 \$218.20 \$9.00	\$12.60 \$22.30	\$265 \$0	Basic Enhanced	Offered in the Gap	•
Ferry Ferry Ferry Ferry Ferry Ferry Ferry Ferry Franklin Franklin	Humana Insurance Company Humana Insurance Company Sierra Optima Sierra Optima Sterling Life Insurance Company Sterling Life Insurance Company UniCare Advantra® Freedom Community HealthFirst Medicare Advantage Plan	Humana Gold Choice PFFS H1804-269 (H1804-269) Humana Gold Choice PFFS H1804-270 (H1804-270) Sierra Optima Choice (H4449-008) Sierra Optima (H4449-007) Sterling Option I (H5006-011) Sterling Option II (H5006-010) Save Well - Plan III (H7289-003) Freedom 3 (H0846-006)	PFFS PFFS * PFFS * PFFS * PFFS *	\$62.00 \$82.00 \$88.10 \$218.20 \$9.00	\$22.30	\$0	Enhanced		
Ferry Ferry Ferry Ferry Ferry Ferry Franklin Franklin	Humana Insurance Company Sierra Optima Sierra Optima Sterling Life Insurance Company Sterling Life Insurance Company UniCare Advantra® Freedom Community HealthFirst Medicare Advantage Plan	Humana Gold Choice PFFS H1804-270 (H1804-270) Sierra Optima Choice (H4449-008) Sierra Optima (H4449-007) Sterling Option I (H5006-011) Sterling Option II (H5006-010) Save Well - Plan III (H7289-003) Freedom 3 (H0846-006)	PFFS * PFFS * PFFS * PFFS *	\$82.00 \$88.10 \$218.20 \$9.00					
Ferry Ferry Ferry Ferry Ferry Ferry Franklin Franklin	Sierra Optima Sierra Optima Sterling Life Insurance Company Sterling Life Insurance Company UniCare Advantra® Freedom Community HealthFirst Medicare Advantage Plan	Sierra Optima Choice (H4449-008) Sierra Optima (H4449-007) Sterling Option I (H5006-011) Sterling Option II (H5006-010) Save Well - Plan III (H7289-003) Freedom 3 (H0846-006)	PFFS * PFFS * PFFS *	\$88.10 \$218.20 \$9.00	\$22.30	\$0	Enhanced		_
Ferry Ferry Ferry Ferry Franklin Franklin	Sierra Optima Sterling Life Insurance Company Sterling Life Insurance Company UniCare Advantra® Freedom Community HealthFirst Medicare Advantage Plan	Sierra Optima (H4449-007) Sterling Option I (H5006-011) Sterling Option II (H5006-010) Save Well - Plan III (H7289-003) Freedom 3 (H0846-006)	PFFS * PFFS *	\$218.20 \$9.00					
Ferry Ferry Ferry Franklin Franklin	Sterling Life Insurance Company Sterling Life Insurance Company UniCare Advantra® Freedom Community HealthFirst Medicare Advantage Plan	Sterling Option I (H5006-011) Sterling Option II (H5006-010) Save Well - Plan III (H7289-003) Freedom 3 (H0846-006)	PFFS * PFFS	\$9.00					
Ferry Ferry Franklin Franklin	Sterling Life Insurance Company UniCare Advantra® Freedom Community HealthFirst Medicare Advantage Plan	Sterling Option II (H5006-010) Save Well - Plan III (H7289-003) Freedom 3 (H0846-006)	PFFS						
Ferry Franklin Franklin Franklin	UniCare Advantra® Freedom Community HealthFirst Medicare Advantage Plan	Save Well - Plan III (H7289-003) Freedom 3 (H0846-006)							
Franklin Franklin Franklin	Advantra® Freedom Community HealthFirst Medicare Advantage Plan	Freedom 3 (H0846-006)	MSA *	\$28.70	\$28.70	\$100	Enhanced		•
Franklin Franklin	Community HealthFirst Medicare Advantage Plan			\$0.00					
Franklin	,	Community HealthFirst MA (Rural) (H5826-007)	PFFS *	\$0.00					
		00111111a11111 110a11111 110a1111 (11a1a1) (110020 001)	Local HMO *	\$0.00					
Eronklin	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
	Siarra Ontima	Siarra Ontima Chaica (H4440 000)	PFFS *	\$88.10					
	Sierra Optima	Sierra Optima Choice (H4449-008)				-			\vdash
Franklin	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20	# 0.00	C O	Fabrasal	Commission	
Franklin	Spokane Community Care	Columbia Community Care - Plus (H5416-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Franklin	Spokane Community Care	Columbia Community Care - Premier (H5416-005)	Local HMO	\$41.00	\$36.60	\$0	Enhanced	Generics	•
Franklin	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Franklin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Franklin	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					└
Garfield	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	\$80.00	\$21.80	\$265	Basic		
Garfield	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Garfield	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					<u> </u>
Garfield	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Garfield	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Garfield	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Grant	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Grant	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Rural) (H5826-007)	Local HMO *	\$0.00					
Grant	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Grant	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Grant	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Grant	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Grant	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Grant	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		
Grant	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	Ψ20σ	ψ.σσ	2		
Grays Harbor	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Grays Harbor		Community HealthFirst MA (Rural) (H5826-007)	Local HMO *	\$0.00					
Grays Harbor	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Grays Harbor	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A&B) (H5050-002)	Local HMO *	\$113.00					
Grays Harbor	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A,B,&D) (H5050-010)	Local HMO	\$164.00	\$26.00	\$265	Basic		
Grays Harbor	Group Health Cooperative	GHC Medicare A,B,&D High Option Plan (H5050-004)	Local HMO	\$218.00	\$46.70	\$0	Enhanced		
Grays Harbor	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		<u> </u>
Grays Harbor	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		
Grays Harbor	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		
Grays Harbor	Sierra Optima	Sierra Optima (H4449-006)	PFFS*	\$81.40	φ22.30	φυ	Lillanceu		
Grays Harbor Grays Harbor	Sierra Optima	Sierra Optima (H4449-006) Sierra Optima Choice (H4449-008)	PFFS *	\$81.40					
			PFFS *						
Grays Harbor Grays Harbor	Sierra Optima Sterling Life Insurance Company	Sierra Optima Plus (H4449-003) Sterling Option I (H5006-011)	PFFS *	\$149.20 \$9.00		1	 		

	s not offer Part D drug coverage.			Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Grays Harbor	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced	Offered III the Gap	
	Ü ,				φ20.7U	\$100	Ellianced		•
Grays Harbor	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Island	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Island	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Island	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Urban) (H5826-006)	Local HMO *	\$0.00					
Island	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Urban) (H5826-008)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Island	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A&B) (H5050-002)	Local HMO *	\$113.00					
Island	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A,B,&D) (H5050-010)	Local HMO	\$164.00	\$26.00	\$265	Basic		
Island	Group Health Cooperative	GHC Medicare A,B,&D High Option Plan (H5050-004)	Local HMO	\$218.00	\$46.70	\$0	Enhanced	İ	•
Island	Health Net	Health Net Pearl Option 2 (H5996-002)	PFFS *	\$0.00	Ţ.J., Ŭ			1	
Island	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	\$79.00					
Island	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		
Island		Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS		\$22.30				
Island	Humana Insurance Company			\$82.00	\$22.30	\$0	Enhanced		•
Island	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H5005-021)	Local HMO *	\$0.00		•			
Island	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 3 (H5005-020)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Island	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 1 (H5005-011)	Local HMO	\$66.00	\$4.80	\$0	Enhanced		•
Island	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Island	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	\$10.30	\$10.30	\$265	Basic		
Island	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Island	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
Island	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Island	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Island	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Island	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Island	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	Ψ20.70	Ψ100	Emilanood		
Island	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Island	Unicare Life & Health Ins. Company	SecurityChoice Classic (110340-001)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Island	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS*	\$25.00	\$11.00	Ψ0	Ellianceu		•
			PFFS	\$56.00	#20.70	\$0	Enhanced	Conorios	-
Island	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)			\$28.70			Generics	•
Island	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Island	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Island	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•
Jefferson	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic	ļ	
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		•
Jefferson	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced	L	•
Jefferson	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Jefferson	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Jefferson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Jefferson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jefferson	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	, ,_J	Ţ. U Ū		İ	
King	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					t
King	Advantra® Freedom Advantra® Freedom	Freedom 1 (H0846-004)	PFFS*	\$98.00				 	-
King		Community HealthFirst MA (Urban) (H5826-006)	Local HMO *	\$0.00					<u> </u>
		, , , , , , , , , , , , , , , , , , , ,		*	#05 ==	0.5	5 .		
King	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Urban) (H5826-008)	Local HMO	\$28.70	\$28.70	\$0	Basic		•

	es not offer Part D drug coverage.								011
				Monthly					Offers
				Consolidated			_		Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
King	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A&B) (H5050-001)	Local HMO *	\$94.00					
King	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A,B,&D) (H5050-009)	Local HMO	\$143.00	\$27.30	\$265	Basic		
King	Group Health Cooperative	GHC Medicare A,B,&D High Option Plan (H5050-004)	Local HMO	\$218.00	\$46.70	\$0	Enhanced		•
King	Health Net	Health Net Pearl Option 2 (H5996-002)	PFFS *	\$0.00					
King	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	\$79.00					
King	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
King	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		•
King	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		•
King	Regence BlueShield	MedAdvantage (H5009-001)	Local PPO *	\$99.00					
King	Regence BlueShield	MedAdvantage + Rx (H5009-002)	Local PPO	\$127.00	\$27.80	\$265	Basic		•
King	Regence BlueShield	MedAdvantage + Rx Enhanced (H5009-004)	Local PPO	\$137.00	\$38.00	\$0	Enhanced	Generics	•
King	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 3 (H5005-019)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
King	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H5005-015)	Local HMO *	\$85.00					
King	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 1 (H5005-001)	Local HMO	\$95.00	\$4.70	\$0	Enhanced		•
King	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
King	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 54 (H5435-013)	PFFS	\$10.00	\$10.00	\$0	Enhanced		•
King	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
King	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
King	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
King	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Kina	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
King	Sterling Life Insurance Company	Sterling Option II (H5006-011)	PFFS	\$28.70	\$28.70	\$100	Enhanced		
King	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	Ψ20.70	\$100	Lillanceu		•
King	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
King	Unicare Life & Health Ins. Company	SecurityChoice Classic (170340-001)	PFFS	\$11.00	\$11.00	\$0	Enhanced		_
King	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	\$11.00	ΦΟ	Ellianceu		•
3	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010) SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	_
King	WellCare	Duet (H4577-003)	PFFS *	\$0.00	\$20.70	ΦU	Ellianceu	Genencs	•
King					#00.00	C O	Fahanaal		
King	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
King	WellCare	Summit (H4577-009)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
Kitsap	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Kitsap Kitsap	Advantra® Freedom Community HealthFirst Medicare Advantage Plan	Freedom 1 (H0846-004)	PFFS * Local HMO *	\$98.00 \$0.00					
	·	, , , , , ,		•					
Kitsap	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Urban) (H5826-008)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Kitsap	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A&B) (H5050-002)	Local HMO *	\$113.00					
Kitsap	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A,B,&D) (H5050-010)	Local HMO	\$164.00	\$26.00	\$265	Basic		
Kitsap	Group Health Cooperative	GHC Medicare A,B,&D High Option Plan (H5050-004)	Local HMO	\$218.00	\$46.70	\$0	Enhanced		•
Kitsap	Health Net	Health Net Pearl Option 2 (H5996-002)	PFFS *	\$0.00					
Kitsap	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	\$79.00					
Kitsap	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
Kitsap	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		•
Kitsap	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		•
Kitsap	Regence BlueShield	MedAdvantage (H5009-001)	Local PPO *	\$99.00					
Kitsap	Regence BlueShield	MedAdvantage + Rx (H5009-002)	Local PPO	\$127.00	\$27.80	\$265	Basic		
			Local PPO	\$137.00	\$38.00	\$0		Generics	
Kitsap	Regence BlueShield	MedAdvantage + Rx Enhanced (H5009-004)	Local PPO	3137.00	338.00	20	Enhanced	Generics	•

maicates plan at	oes not offer Part D drug coverage.			Manalalia					055
				Monthly					Offers
				Consolidated	Manuallala	0	Down	T 6	Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
		a	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Kitsap	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Kitsap	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
Kitsap	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Kitsap	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Kitsap	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Kitsap	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Kitsap	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Kitsap	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Kitsap	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Kitsap	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Kitsap	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Kitsap	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kitsap	WellCare	Duet (H4577-003)	PFFS *	\$0.00	ψο.σσ	Ψ.	21111011000		_
Kitsap	WellCare	Summit (H4577-005)	PFFS	\$91.00	\$0.00	\$0	Enhanced		•
Kittitas	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	φο.σσ	ΨΟ	Limanoca		_
Kittitas	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Kittitas	Health Net	Health Net Pearl Option 4 (H5996-007)	PFFS *	\$95.00					
Kittitas	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
		Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$62.00	\$22.30	\$205			
Kittitas	Humana Insurance Company						Enhanced		•
Kittitas	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		•
Kittitas	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Kittitas	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Kittitas	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Kittitas	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Kittitas	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Kittitas	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Kittitas	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Kittitas	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Kittitas	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Kittitas	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Kittitas	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	4	7.			
Kittitas	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Kittitas	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Cononido	•
Kittitas	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Kittitas	WellCare	Summit (H4577-006)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Klickitat	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	ψ0.00	ΨΟ	Liliancea		
Klickitat	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
Klickitat	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		
Klickitat	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		_
									•
Klickitat	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Klickitat	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Klickitat	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Klickitat	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Klickitat	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Klickitat	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Klickitat	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Klickitat	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Klickitat	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Klickitat	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Klickitat	Unicare Life & Health Ins. Company	Security Choice Enhanced (H0540-010)	PFFS *	\$25.00	ψσσ	Ψ.			
Klickitat	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•

* Indicates plan d	oes not offer Part D drug coverage.								
				Monthly					Offers
				Consolidated			_		Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Klickitat	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Klickitat	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Klickitat	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•
Lewis	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Lewis	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Rural) (H5826-007)	Local HMO *	\$0.00					
Lewis	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Lewis	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A&B) (H5050-002)	Local HMO *	\$113.00					
Lewis	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A,B,&D) (H5050-010)	Local HMO	\$164.00	\$26.00	\$265	Basic		
Lewis	Group Health Cooperative	GHC Medicare A,B,&D High Option Plan (H5050-004)	Local HMO	\$218.00	\$46.70	\$0	Enhanced		
Lewis	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
Lewis	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		
Lewis	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		•
Lewis	Kaiser Foundation Health Plan of the NW	Senior Advantage (H9003-001)	Local HMO	\$108.00	\$10.00	\$0	Basic		•
Lewis	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H5005-015)	Local HMO *	\$85.00	Ψ10.00	ΨΟ	Dasic		
Lewis	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (15005-013)	Local HMO	\$95.00	\$4.70	\$0	Enhanced		
Lewis	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10	ψ4.70	ΨΟ	Lilianceu		-
	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Lewis			PFFS *						
Lewis	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS	\$9.00	\$28.70	£400	Falsassa		
Lewis	Sterling Life Insurance Company	Sterling Option II (H5006-010)		\$28.70	\$28.70	\$100	Enhanced		•
Lewis	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Lewis	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Lewis	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
Lewis	WellCare	Summit (H4577-009)	PFFS	\$181.00	\$43.10	\$0	Enhanced		•
Lincoln	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Rural) (H5826-007)	Local HMO *	\$0.00					
Lincoln	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Lincoln	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Lincoln	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Lincoln	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Lincoln	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lincoln	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	4-011-0	*			
Mason	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Mason	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Rural) (H5826-007)	Local HMO *	\$0.00					
Mason	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Mason	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A&B) (H5050-001)	Local HMO *	\$94.00					
Mason	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A,B,&D) (H5050-009)	Local HMO	\$143.00	\$27.30	\$265	Basic		
		OHOM II. A BABLIS LO II. BL. (Urana and		0010.00	A40.76			-	
Mason	Group Health Cooperative	GHC Medicare A,B,&D High Option Plan (H5050-004)	Local HMO	\$218.00	\$46.70	\$0	Enhanced	1	•
Mason	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
Mason	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		•
Mason	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced	1	•
Mason	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00			ļ	1	
Mason	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40				1	
Mason	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10				1	
Mason	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Mason	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00	1	_			<u> </u>

maicates plan des	s not offer Part D drug coverage.								0.00
				Monthly					Offers
				Consolidated			_		Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Mason	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Mason	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Mason	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Mason	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Mason	WellCare	Summit (H4577-008)	PFFS	\$161.00	\$31.30	\$0	Enhanced		•
Okanogan	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Okanogan	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Rural) (H5826-007)	Local HMO *	\$0.00					
Okanogan	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Okanogan	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
Okanogan	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		•
Okanogan	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		
Okanogan	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40	V	7.			
Okanogan	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Okanogan	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Okanogan	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Okanogan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		
Okanogan	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	Ψ20.70	Ψ100	Lilianoca		
Okanogan	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Okanogan	WellCare	Freedom (H4577-003)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Okanogan	WellCare	Concert (H4577-011)	PFFS	\$41.00	\$1.90	\$0	Enhanced		
Okanogan	WellCare	Summit (H4577-013)	PFFS	\$140.90	\$14.40	\$0	Enhanced		
	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS*	\$88.10	φ14.4U	φU	Ennanced		•
Pacific			PFFS*						
Pacific	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Pacific	Sterling Life Insurance Company	Sterling Option I (H5006-011)		\$9.00	* 00 7 0	# 400			
Pacific	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pacific	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Pend Oreille	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Rural) (H5826-007)	Local HMO *	\$0.00					
Pend Oreille	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Pend Oreille	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Pend Oreille	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Pend Oreille	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Pend Oreille	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pend Oreille	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Pierce	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Pierce	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Pierce	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Urban) (H5826-006)	Local HMO *	\$0.00					
Pierce	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Urban) (H5826-008)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Pierce	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A&B) (H5050-001)	Local HMO *	\$94.00					
Pierce	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A,B,&D) (H5050-009)	Local HMO	\$143.00	\$27.30	\$265	Basic		
Pierce	Group Health Cooperative	GHC Medicare A,B,&D High Option Plan (H5050-004)	Local HMO	\$218.00	\$46.70	\$0	Enhanced		•
Pierce	Health Net	Health Net Pearl Option 2 (H5996-002)	PFFS *	\$0.00					
Pierce	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	\$79.00					
Pierce	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
Pierce	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		•
Pierce	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		•
Pierce	Regence BlueShield	MedAdvantage (H5009-001)	Local PPO *	\$99.00	722.00			1	<u> </u>

				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Pierce	Regence BlueShield	MedAdvantage + Rx (H5009-002)	Local PPO	\$127.00	\$27.80	\$265	Basic	Offered III the Gap	payments •
	Regence BlueShield	MedAdvantage + Rx (H5009-002) MedAdvantage + Rx Enhanced (H5009-004)	Local PPO	\$127.00	\$38.00	\$205		Generics	-
Pierce							Enhanced	Generics	_
Pierce	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 3 (H5005-019)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Pierce	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H5005-015)	Local HMO *	\$85.00	0				
Pierce	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 1 (H5005-001)	Local HMO	\$95.00	\$4.70	\$0	Enhanced		•
Pierce	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Pierce	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Pierce	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
Pierce	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Pierce	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Pierce	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Pierce	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pierce	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Pierce	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Pierce	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Pierce	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Pierce	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Pierce	WellCare	Duet (H4577-003)	PFFS *	\$0.00	4 _0	**			
Pierce	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pierce	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Pierce	WellCare	Summit (H4577-008)	PFFS	\$161.00	\$31.30	\$0	Enhanced		•
San Juan	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS*	\$0.00	ψ51.50	ΨΟ	Lillanceu		
San Juan	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS*	\$98.00					
San Juan	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A&B) (H5050-002)	Local HMO *	\$113.00					
San Juan	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A&B) (H5050-002)	Local HiviO	\$113.00					
San Juan	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A,B,&D) (H5050-010)	Local HMO	\$164.00	\$26.00	\$265	Basic		
Can Guan		, , , , , , , , , , , , , , , , , , , ,		•	•	,	Dasic		
San Juan	Group Health Cooperative	GHC Medicare A,B,&D High Option Plan (H5050-004)	Local HMO	\$218.00	\$46.70	\$0	Enhanced		•
San Juan	Health Net	Health Net Pearl Option 4 (H5996-007)	PFFS *	\$95.00					
San Juan	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
San Juan	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		•
San Juan	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		•
San Juan	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
San Juan	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
San Juan	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10		-			
San Juan	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10			Ì		
San Juan	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20				1	
San Juan	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00				<u> </u>	
San Juan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
San Juan San Juan	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	φ20.70	φ100	Lillanced		•
			PFFS *	\$0.00			-	 	
San Juan	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001) SecurityChoice Plus (H0540-020)	PFFS	\$0.00	\$11.00	\$0	Enhanced	 	
San Juan	Unicare Life & Health Ins. Company				\$11.00	ΦU	Ennanced	1	•
San Juan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	#00.70	60	Fabrus 1	Companies	
San Juan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
San Juan	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
San Juan	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced	1	•
San Juan	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•
Skagit	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Skagit	Community HealthFirst Medicare Advantage Plar	Community HealthFirst MA (Rural) (H5826-007)	Local HMO *	\$0.00					
Skagit	Community HealthFirst Medicare Advantage Plar	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•

maioatoo pian do	es not offer Part D drug coverage.			Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	
Skagit	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A&B) (H5050-002)	Local HMO *	\$113.00	Fielillulli	Deductible	Туре	Offered III the Gap	payments
Skayii	Group riealth Cooperative	GITO Medicale Fian (Medicale Falts A&B) (113030-002)	Local Filvio	\$113.00					
Skagit	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A,B,&D) (H5050-010)	Local HMO	\$164.00	\$26.00	\$265	Basic		
Skagit	Group Health Cooperative	GHC Medicare A,B,&D High Option Plan (H5050-004)	Local HMO	\$218.00	\$46.70	\$0	Enhanced		•
Skagit	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
Skagit	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		•
Skagit	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		•
Skagit	Regence BlueShield	MedAdvantage (H5009-001)	Local PPO *	\$99.00					
Skagit	Regence BlueShield	MedAdvantage + Rx (H5009-002)	Local PPO	\$127.00	\$27.80	\$265	Basic		•
Skagit	Regence BlueShield	MedAdvantage + Rx Enhanced (H5009-004)	Local PPO	\$137.00	\$38.00	\$0	Enhanced	Generics	•
Skagit	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Skagit	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Skagit	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					1
Skagit	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00		İ			1
Skagit	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced	İ	•
Skagit	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	Ψ20.70	ψισσ	Ermanoca		
Skamania	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00		1			+
Skamania	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					+
Skamania	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
		Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30				
Skamania	Humana Insurance Company					\$0	Enhanced		•
Skamania	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		•
Skamania	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 51 (H2408-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Skamania	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Skamania	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Skamania	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Skamania	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Skamania	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Skamania	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Skamania	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					1
Skamania	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00			İ		
Skamania	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Skamania	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00	ψ11.00	ΨΟ	Lilianoca		
Skamania	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Skamania	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generies	•
	WellCare	Summit (H4577-005)	PFFS	\$91.00	\$0.00	\$0			
Skamania		Freedom 2 (H0846-005)	PFFS *	\$0.00	φ0.00	φU	Enhanced		•
Snohomish	Advantra® Freedom		PFFS *	\$98.00					
Snohomish	Advantra® Freedom	Freedom 1 (H0846-004)					1		ļ
Snohomish	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Urban) (H5826-006)	Local HMO *	\$0.00					
Snohomish	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Urban) (H5826-008)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Snohomish	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A&B) (H5050-002)	Local HMO *	\$113.00					
Snohomish	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A,B,&D) (H5050-010)	Local HMO	\$164.00	\$26.00	\$265	Basic		
Snohomish	Group Health Cooperative	GHC Medicare A,B,&D High Option Plan (H5050-004)	Local HMO	\$218.00	\$46.70	\$0	Enhanced		•
Snohomish	Health Net	Health Net Pearl Option 2 (H5996-002)	PFFS *	\$0.00					ļ
Snohomish	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	\$79.00					
Snohomish	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
Snohomish	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced]	•
Snohomish	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced	1	•
Snohomish	Regence BlueShield	MedAdvantage (H5009-001)	Local PPO *	\$99.00					

maidated plan det	es not offer Part D drug coverage.			Mandala					055
				Monthly					Offers
				Consolidated			_		Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Snohomish	Regence BlueShield	MedAdvantage + Rx (H5009-002)	Local PPO	\$127.00	\$27.80	\$265	Basic		•
Snohomish	Regence BlueShield	MedAdvantage + Rx Enhanced (H5009-004)	Local PPO	\$137.00	\$38.00	\$0	Enhanced	Generics	•
Snohomish	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H5005-021)	Local HMO *	\$0.00					
Snohomish	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 3 (H5005-020)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Snohomish	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 1 (H5005-011)	Local HMO	\$66.00	\$4.80	\$0	Enhanced		•
Snohomish	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Snohomish	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Snohomish	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Snohomish	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Snohomish	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Snohomish	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Snohomish	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Snohomish	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Snohomish	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Snohomish	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Snohomish	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Snohomish	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Snohomish	WellCare	Duet (H4577-003)	PFFS *	\$0.00	Ψ20.7 0	Q 0	21111011000		_
Snohomish	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		
Snohomish	WellCare	Summit (H4577-008)	PFFS	\$161.00	\$31.30	\$0	Enhanced		•
Spokane	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00	ψ01.00	ΨΟ	Lilianoca		-
Spokane	Advanta® Freedom Advantra® Freedom	Freedom 1 (H0846-004)	PFFS*	\$98.00					
Spokane	Asuris Northwest Health	MedAdvantage (H5010-001)	Local PPO *	\$89.00					
Spokane	Asuris Northwest Health	MedAdvantage (H5010-001)	Local PPO	\$117.00	\$27.80	\$265	Basic		
	Asuris Northwest Health	MedAdvantage + Rx (H5010-002) MedAdvantage + Rx Enhanced (H5010-004)	Local PPO	\$117.00	\$38.00			Conorios	•
Spokane					\$38.00	\$0	Enhanced	Generics	•
Spokane	Community HealthFirst Medicare Advantage Plan		Local HMO *	\$0.00					
Spokane	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Urban) (H5826-008)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Spokane	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A&B) (H5050-001)	Local HMO *	\$94.00					
Spokane	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A,B,&D) (H5050-009)	Local HMO	\$143.00	\$27.30	\$265	Basic		
Spokane	Group Health Cooperative	GHC Medicare A,B,&D High Option Plan (H5050-004)	Local HMO	\$218.00	\$46.70	\$0	Enhanced		
Spokane	Health Net	Health Net Pearl Option 2 (H5996-002)	PFFS *	\$0.00	Ψ10.70	ΨΟ	Elinanoca		
Spokane	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	\$79.00					
Spokane	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
Spokane	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		•
Spokane	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		-
Spokane	SecureHorizons	MedicareComplete Plus Plan 1 (H1286-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Spokane	SecureHorizons	MedicareComplete Plus Plan 2 (H1286-003)	Local HMO *	\$0.00	ψ0.00	ΨΟ	Lillanceu		•
Spokane	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Spokane	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Зрокапе	Secure nonzons inedicarebilect	, , ,		·					
Spokane	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					
Spokane	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Spokane	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Spokane	Spokane Community Care	Spokane Community Care - Basic (H5416-003)	Local HMO *	\$0.00					
Spokane	Spokane Community Care	Spokane Community Care - Plus (H5416-002)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Spokane	Spokane Community Care	Spokane Community Care - Premier (H5416-001)	Local HMO	\$35.00	\$35.00	\$0	Enhanced	Generics	•
Spokane	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Spokane	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Spokane	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	+=30	7.00		1	<u> </u>

				Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Spokane	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Spokane	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Spokane	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Spokane	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Spokane	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Spokane	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Spokane	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Spokane	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•
Stevens	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Stevens	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Rural) (H5826-007)	Local HMO *	\$0.00					
Stevens	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Stevens	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
Stevens	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		•
Stevens	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		•
Stevens	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Stevens	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Stevens	Sierra Optima	Sierra Optima (H4449-007)	PFFS *	\$218.20					
Stevens	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Stevens	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Stevens	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Stevens	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Stevens	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Stevens	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Stevens	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Stevens	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
Stevens	WellCare	Summit (H4577-008)	PFFS	\$161.00	\$31.30	\$0	Enhanced		•
Thurston	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Thurston	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Thurston	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Urban) (H5826-006)	Local HMO *	\$0.00					
Thurston	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Urban) (H5826-008)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Thurston	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A&B) (H5050-001)	Local HMO *	\$94.00					
Thurston	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A,B,&D) (H5050-009)	Local HMO	\$143.00	\$27.30	\$265	Basic		
Thurston	Group Health Cooperative	GHC Medicare A,B,&D High Option Plan (H5050-004)	Local HMO	\$218.00	\$46.70	\$0	Enhanced		•
Thurston	Health Net	Health Net Pearl Option 1 (H5996-001)	PFFS *	\$0.00					
Thurston	Health Net	Health Net Pearl Option 4 (H5996-006)	PFFS *	\$79.00					
Thurston	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
Thurston	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		•
Thurston	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		•
Thurston	Regence BlueShield	MedAdvantage (H5009-001)	Local PPO *	\$99.00					
Thurston	Regence BlueShield	MedAdvantage + Rx (H5009-002)	Local PPO	\$127.00	\$27.80	\$265	Basic		•
Thurston	Regence BlueShield	MedAdvantage + Rx Enhanced (H5009-004)	Local PPO	\$137.00	\$38.00	\$0	Enhanced	Generics	•
Thurston	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 3 (H5005-019)	Local HMO	\$0.00	\$0.00	\$0	Enhanced		•
Thurston	Secure Horizons Medicare Advantage Plan	MedicareComplete Essential (H5005-015)	Local HMO *	\$85.00					
Thurston	Secure Horizons Medicare Advantage Plan	MedicareComplete Plan 1 (H5005-001)	Local HMO	\$95.00	\$4.70	\$0	Enhanced		•
Thurston	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Thurston	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Premier 300 (H5435-008)	PFFS *	\$99.00					
Thurston	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10				İ	<u> </u>

	does not offer Part D drug coverage.			Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	
Sarrah.	Organization Name	Diam Maria		•	3				Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Thurston	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
hurston	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Thurston	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00			L		
Thurston	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
hurston	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					<u> </u>
Thurston	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					ļ
Thurston	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Thurston	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Thurston	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Thurston	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Thurston	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Thurston	WellCare	Summit (H4577-006)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Vahkiakum	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					1
Vahkiakum	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Vahkiakum	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
Vahkiakum	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		•
Vahkiakum	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		
Vahkiakum	Kaiser Foundation Health Plan of the NW	Senior Advantage (H9003-001)	Local HMO	\$108.00	\$10.00	\$0	Basic		
Vahkiakum	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00	Ψ10.00	ΨΟ	Dasic		
Vahkiakum	Sierra Optima	Sierra Optima (H4449-010)	PFFS*	\$53.10					
Vahkiakum	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
									<u> </u>
Vahkiakum	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20			-		
Vahkiakum	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Vahkiakum	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Vahkiakum	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Vahkiakum	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Vahkiakum	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Vahkiakum	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Vahkiakum	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Vahkiakum	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Vahkiakum	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Vahkiakum	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•
Valla Walla	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					1
Valla Walla	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Valla Walla	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Rural) (H5826-007)	Local HMO *	\$0.00					
rana rrana	Community From the moderate Flavoring Community	Community From the County (From 20)	2000111110	Ψ0.00					
Valla Walla	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Valla Walla	Health Net	Health Net Pearl Option 4 (H5996-007)	PFFS *	\$95.00			1		†
Valla Walla	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic	1	
Valla Walla	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$62.00	\$22.30	\$0	Enhanced	<u> </u>	
Valla Walla	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced	1	-
Valla Walla	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00	φ22.30	ΦΟ	Ellianceu		
Valla Walla	Sierra Optima	Sierra Optima (H4449-010)	PFFS *	\$53.10					<u> </u>
Valla Walla	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Valla Walla	Sierra Optima	Sierra Optima Plus (H4449-002)	PFFS *	\$121.20					
Valla Walla	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00			<u> </u>		
Valla Walla	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Valla Walla	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Valla Walla	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Valla Walla	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Valla Walla	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Valla Walla	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Valla Walla	WellCare	Concert (H4577-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•

marcatoc plan acc	s not offer Part D drug coverage.								055
				Monthly Consolidated Premium	Monthly	Annual	Drug	Type of	Offers Variable Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Walla Walla	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Walla Walla	WellCare	Summit (H4577-006)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Whatcom	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Whatcom	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Rural) (H5826-007)	Local HMO *	\$0.00					
Whatcom	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Whatcom	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A&B) (H5050-002)	Local HMO *	\$113.00					
Whatcom	Group Health Cooperative	GHC Medicare Plan (Medicare Parts A,B,&D) (H5050-010)	Local HMO	\$164.00	\$26.00	\$265	Basic		
Whatcom	Group Health Cooperative	GHC Medicare A.B.&D High Option Plan (H5050-004)	Local HMO	\$218.00	\$46.70	\$0	Enhanced		•
Whatcom	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
Whatcom	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		•
Whatcom	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		•
Whatcom	Regence BlueShield	MedAdvantage (H5009-001)	Local PPO *	\$99.00	Ψ==.00	~ ~			
Whatcom	Regence BlueShield	MedAdvantage + Rx (H5009-002)	Local PPO	\$127.00	\$27.80	\$265	Basic		•
Whatcom	Regence BlueShield	MedAdvantage + Rx Enhanced (H5009-004)	Local PPO	\$137.00	\$38.00	\$0	Enhanced	Generics	•
Whatcom	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00	Ψ00.00	ΨΟ	Ermanooa	Continuo	
Whatcom	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Whatcom	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS*	\$9.00					
Whatcom	Sterling Life Insurance Company Sterling Life Insurance Company	Sterling Option II (H5006-011)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Whatcom	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	\$20.70	\$100	Ellianced		•
	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00				-	
Whatcom	1 /	, ,	PFFS		# 44.00	C O	Fabruard		
Whatcom	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS *	\$11.00	\$11.00	\$0	Enhanced		•
Whatcom	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)		\$25.00	# 00 7 0			Camadaa	
Whatcom	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Whatcom	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Whatcom	WellCare	Concert (H4577-014)	PFFS	\$81.00	\$38.20	\$0	Enhanced		•
Whatcom	WellCare	Summit (H4577-008)	PFFS	\$161.00	\$31.30	\$0	Enhanced		•
Whitman	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Whitman	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
Whitman	Sierra Optima	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10					
Whitman	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Whitman	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Whitman	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Whitman	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Yakima	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Yakima	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Yakima	Community HealthFirst Medicare Advantage Plan	Community HealthFirst MA (Rural) (H5826-007)	Local HMO *	\$0.00					
Yakima	Community HealthFirst Medicare Advantage Plan	Community HealthFirst w/Pharmacy (Rural) (H5826-009)	Local HMO	\$28.70	\$28.70	\$0	Basic		•
Yakima	Health Net	Health Net Pearl Option 4 (H5996-007)	PFFS *	\$95.00					
Yakima	Humana Insurance Company	Humana Gold Choice PFFS H1804-271 (H1804-271)	PFFS	\$52.00	\$12.60	\$265	Basic		
Yakima	Humana Insurance Company	Humana Gold Choice PFFS H1804-269 (H1804-269)	PFFS	\$62.00	\$22.30	\$0	Enhanced		•
Yakima	Humana Insurance Company	Humana Gold Choice PFFS H1804-270 (H1804-270)	PFFS	\$82.00	\$22.30	\$0	Enhanced		•
Yakima	Regence BlueShield	MedAdvantage (H5009-001)	Local PPO *	\$99.00					
Yakima	Regence BlueShield	MedAdvantage + Rx (H5009-002)	Local PPO	\$127.00	\$27.80	\$265	Basic		•
Yakima	Regence BlueShield	MedAdvantage + Rx Enhanced (H5009-004)	Local PPO	\$137.00	\$38.00	\$0	Enhanced	Generics	•
Yakima	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00	,				
Yakima	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Yakima	Sierra Optima	Sierra Optima (H4449-006)	PFFS *	\$81.40					
	-:-::a opa	Sierra Optima Choice (H4449-008)	PFFS *	\$88.10	<u> </u>			1	

				Monthly Consolidated					Offers Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Yakima	Sierra Optima	Sierra Optima Plus (H4449-003)	PFFS *	\$149.20					
Yakima	Spokane Community Care	Columbia Community Care - Plus (H5416-004)	Local HMO	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Yakima	Spokane Community Care	Columbia Community Care - Premier (H5416-005)	Local HMO	\$41.00	\$36.60	\$0	Enhanced	Generics	•
Yakima	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Yakima	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Yakima	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Yakima	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Yakima	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Yakima	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Yakima	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Yakima	WellCare	Duet (H4577-003)	PFFS *	\$0.00					
Yakima	WellCare	Freedom (H4577-011)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Yakima	WellCare	Concert (H4577-013)	PFFS	\$41.00	\$1.90	\$0	Enhanced		•
Yakima	WellCare	Summit (H4577-007)	PFFS	\$140.90	\$14.40	\$0	Enhanced		•